

# BULLETIN

## OF THE

# Missouri State Board of Health

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**VOL. VI.**

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### CONTAGIOUS DISEASES.

The year 1907 has passed without any serious outbreaks of contagious diseases anywhere in the State. Smallpox has prevailed at a number of points throughout the State, but has been of a mild type, so mild indeed in many instances it has been hard to differentiate from Chicken Pox. It being of this mild type, many people do not fear it, claiming that they would rather have the disease than be vaccinated. Some who have the disease in this mild form secrete themselves for a few days, and then mix among the people, spreading the contagion, and the knowledge of their trouble is not made known to a physician. In this way the disease spreads, making a problem very difficult to overcome. When the disease is prevailing each suspect should be treated as though he had the genuine disease, and should be isolated until such time as the true nature of the disease may be ascertained.

Diphtheria has been rather prevalent throughout the State, but with the liberal use of Antitoxin the disease is easily controlled.

Scarlet Fever has been in a mild form in most of the counties throughout the State.

In Harrison and surrounding counties Cerebro-Spinal Meningitis made its appearance in a very malignant form. Some thirty deaths were reported during the months of February and March from this disease.

As to Leprosy, Yellow Fever, Typhus Fever and Bubonic Plague, as I have had no report, I suppose the State has been free of all these diseases the past year.

The season is now on us when contagious diseases are most prevalent, and as every licensed physician in the State is truly a Health Officer, he should be on the lookout for the prevailing diseases of the season and report all contagious diseases to the City or County Health Officer, who in turn should report the same to the Secretary of the State Board of Health, who will gladly receive, tabulate and publish the same in the bulletin which will be of interest to the entire profession of Missouri.



**PHYSICIANS LICENSED SINCE 1900.**

I think the following statement will interest the physicians of this State:

Prior to June 15, 1901, it was only necessary for a physician to present his diploma to the State Board of Health in order to secure license to practice medicine in Missouri. This diploma, of course, had to be awarded by an accredited medical college, but most of them were accredited at this time.

The Legislature enacted a law which was signed by the Governor, March 12, 1901, and went into effect June 15, 1901, compelling all persons desiring to practice medicine or surgery in the State or to treat the sick or afflicted, to come before the State Board of Health of Missouri, and be examined by the Board upon the subjects of anatomy, chemistry, physiology, therapeutics, obstetrics, gynecology, surgery, practice of medicine, bacteriology, medical jurisprudence and hygiene, and the candidate shall be required to answer 75 per cent of the questions asked him before being granted a certificate. This law required no preliminary education nor graduation from a medical college. In fact, any one could take the examination possessing a good moral character.

The Legislature in 1903 amended Sec. 9 of this Act so as to exempt all those who had matriculated in a medical college prior to March 12, 1901, subsequently presenting a diploma from a Missouri medical college with \$15.00 fee entitling them to a license to practice medicine and surgery in Missouri. These laws remained in our statute until the General Assembly in 1907 made some very marked changes, requiring first, a preliminary education; second, that the candidate be a graduate of a four years reputable medical college before he is permitted to take the examination by the Board. The amended Act of 1903 giving the graduate from a Missouri medical college the privilege of registering on his diploma was also repealed, and went into effect June 14, 1907.

In the year 1907 this Board issued 193 certificates by examination, 21 on reciprocity, 24 on diploma, making a total of 238. There were 55 doctors moved into other states through reciprocity, and the licenses of 9 doctors were revoked, death of 200 doctors, making a net loss to our State of 26 physicians in the year of 1907.

The following is the number of licentiates since 1900:

Certificates issued in 1901 on Diploma and Examination.....	1077
Certificates issued in 1902 on Examination, none on Diploma....	194
Certificates issued in 1903 on Examination and Diploma.....	420
Certificates issued in 1904 on Examination and Diploma.....	502
Certificates issued in 1905 on Examination, Diploma & Reciprocity	429
Certificates issued in 1906 on Examination, Diploma & Reciprocity	336
Certificates issued in 1907 on Examination, Diploma & Reciprocity	238

After this there will be no one licensed on diploma. Through



reciprocity and by examination, are now all the statutory means by which a physician may begin the practice of medicine in Missouri. I think the above figures are of some interest, but leave the profession to draw its own conclusion. One thing I am sure, we have 26 physicians less today in Missouri than we had one year ago.

#### **FROM THE MINUTES OF THE NOVEMBER MEETING, 1907.**

Dr. Luckey, State Veterinarian, then addressed this Board in regard to uniting the work of the Dairy and Pure Food Commissioner with that of State Bacteriologist. Mr. R. M. Washburn, Dairy Commissioner, with his assistant Mr. Chapman, also addressed the Board on the same subject. Dr. Guthrie McConnell, State Bacteriologist, was present and made the statement that he would gladly co-operate with these men and analyze such samples of dairy products for tuberculosis as might be furnished him by Mr. Washburn, and would ask no increase of his salary for so doing.

The following resolution was then carried by unanimous vote:

That the State Bacteriologist analyze for Tuberculosis such dairy products as may be furnished by the State Dairy and Pure Food Commissioner throughout the year 1908, and that a report of such analyses shall be incorporated in the Bacteriologist's quarterly report to the State Board of Health.

Inasmuch as the milk of cows forms such an increasingly large part of the diet of the infants and the children of this State, and inasmuch as the value of milk as a food depends nearly, if not quite, as much upon its cleanliness and freedom from disease producing bacteria as upon its chemical composition; it is the opinion of this Board:

That all the larger towns of the State should safeguard the health of their several communities by passing ordinances for the control of the milk and cream supply of their cities.

That they should empower the Mayor to appoint some competent person, preferably a physician, to act as local health officer and dairy inspector, to be paid a reasonable salary for his services; and,

That all towns so endeavoring to protect themselves should be offered the active co-operation of the State Board of Health, the State Dairy and Pure Food Commissioner and the Veterinary Department of the State Board of Agriculture.

The above is especially recommended because of the increasing prevalence of Tuberculosis in the dairy herds of the State and the danger in consuming milk from such diseased animals.

Carried unanimously.



## A WORD OF WARNING TO DOCTORS WHO PRESCRIBE WHISKEY TO BE USED AS A BEVERAGE.

Sec. 3050, Revised Statutes of 1899: Prescription for intoxicating liquor, when given, etc., penalty. Any physician, or pretended physician, who shall make or issue any prescription to any person for intoxicating liquors in any quantity, or for a compound of which such liquors shall form a part, to be used otherwise than for medicinal purposes, or shall issue more than one prescription at the same time to any one, for intoxicating liquors, or for any compound of which such liquors shall become a part, or who shall make or issue any prescription contrary to any existing law, shall be deemed guilty of a misdemeanor, and upon conviction be punished by a fine of not less than forty nor more than two hundred dollars.

House Bill 137, Session Acts of 1901, Sec. 7: The Board may refuse license to individuals guilty of unprofessional or dishonorable conduct, and they may revoke licenses for like cause after giving the accused an opportunity to be heard in defense before the Board.

Sec. 3048b, Session Acts 1907, page 259: Every druggist, proprietor of a drug store or a pharmacist, shall, on some day of the first week of each and every month, file with the County Clerk of the county in which he is doing business, a list of all prescriptions compounded by him or those in his employ, prescribing liquors during the preceding month. And said list shall be accompanied by an affidavit of the druggist, proprietor of a drug store or pharmacist, stating that said list so filed is a true list of all prescriptions (filed) (filled) by him or those in his employ during the preceding month. And on failing, neglecting, or refusing so to do, shall be guilty of a misdemeanor, and upon conviction shall be punished by a fine not less than fifty nor more than two hundred dollars.

Approved March 18, 1907.

The above is the law, and this is my advice: That no physician prescribe intoxicants in any form to any one to be used as a beverage; he should only write such prescriptions to one of his own patients as he would prescribe any other remedy, knowing that it is intended to be used for the purposes prescribed; namely, as medicine, and not to be used as a beverage.

Writing prescriptions for intoxicants promiscuously for persons who demand the same, creates a new office for his license, an office that the law does not contemplate, as he is thus making his license to practice medicine serve all the functions of a dram shop license, and thereby virtually making a saloon keeper of himself, thus perverting the law and degrading the medical profession. Read the law carefully and get right before it is too late.



**PHYSICIANS LICENSED IN 1907.**

The following applicants passed the examination held in St. Louis on April 16, 17 and 18, 1907:

Marshall Allen	J. T. Axline	R. P. Aldridge
R. N. Abel	Wilbur F. Ament	Geo. F. Ashley
S. I. Arthur	S. T. Bassett	J. A. Bowles
R. E. Breuer	W. J. F. Bade	Eugene Barrymore
C. R. Byars	Albert Bode	Anna B. Bonebrake
Leo G. Bartels	V. Badolati	Roy F. Barker
J. Will Braker	John R. Buser	Jas. H. Brown
Arthur G. Beall	Emma A. Beebe	Robt. A. Campbell
Jas. O. Cooper	Alax. Cairns	Geo. B. Crow
C. M. Counsell	S. A. Casey	O. S. Calvert
L. J. Cordonnier	J. S. Chiles	Arthur W. Cox
S. J. Chenoweth	R. H. Dyer	C. H. Dixon
J. J. De Vereaux	M. M. Doria, Jr.	Feda Eberlien
W. C. Folger	Chas. M. Fitzpatrick	Theo. Freedman
Arthur M. Freels	E. C. F. E. Grauer	R. Q. Gray
O. R. Gullion	H. J. Harrell	Jos. A. Henske
L. H. Hays	Isaac G. Hubbard	Wm. M. Hnagen
Rolla H. Henry	J. H. Heacock	Estill D. Holland
Albert L. Hertel	Walter M. Jones	L. S. James
William B. Kitchen	G. C. Lyttle	G. B. Lemmon
F. S. Luckey	H. G. Lund	Gustav A. Ludwigs
J. C. Lyter	A. L. Marstellar	Leo G. Mudd
Joseph T. Martin	L. E. Monroe	John W. Martin
J. B. McCubbin	L. O. Nickeel	Claude E. Norris
Chas. H. Neilson	B. E. Paul	Sam'l M. Parrish
Melville A. Porter	i. W. Powell	W. O. Payne
W. H. Pollman	Jacob B. Patterson	F. G. Pernoud
H. P. Poston	Gustav Reinhardt	G. D. Royston
Herman A. Rigterink	Geo. M. Ragsdale	Wm. L. Rech
Edwin E. Roberts	J. Rotter	E. T. Robinson
Leonard H. Robinson	Chas. W. Simison	J. R. Sinks
Thomas H. Shy	Llwellyn Sale	John R. Sutter
R. M. Sweeney	R. M. Spivy	J. G. Story
Chas. S. Skaggs	Herbert Taylor	Chas. Tillmanns
Wm. H. VanDoren	Cyril P. Vores	Chas. M. Walson
Thos. J. Wilkin	David W. Waller	Edwin E. Whiteside
F. S. Weber	T. D. Woodson	H. W. Ford



The following applicants passed the examination at Kansas City on April 16-17-18, 1907:

W. C. Anderson	F. C. Albright	P. T. Bohan
L. A. Bradbury	Lorio Beck	Walter E. Baggerly
Logan Clendening	R. B. Crozier	C. L. Conrad
F. B. Dailey	A. C. Dingus	S. W. DeLong
Geo. R. Dagg	L. M. Edens	W. R. Ferster
S. P. Ford	Wilburn H. Graves	T. H. Gaugh
Walter O. Gray	Samuel H. Griffin	James R. Henry
Philip T. Herod	Grover C. Hall	Frederic J. Haas
Enoch C. Haile	John R. Hudson	A. H. Kelley
G. B. Kierulff	Fred B. Kyger	Frederick M. Lowe
Leslie B. Miller	Robert H. Michiels	R. W. Morrison
J. L. McDermott	L. P. McKeehan	E. L. Parmenter
G. A. Paige	E. M. Pease	E. E. Peterson
G. A. Rush	Gerhard D. Ruth	J. M. Sutton
Horace M. Stanley	W. C. Strum	H. J. Saunders
Orren I. Searles	B. W. Tadlock	Thos. J. Toothaker
H. F. Vandever	H. L. Wilbur	N. E. Wilson
W. J. Walker		

The following applicants passed the examination in St. Louis on November 19-20-21, 1907:

T. M. Aderhold	Byron C. Darling	T. Wiston White, Jr.
A. E. Greenwood	D. R. Summy	C. C. Nash
G. S. Walker	Chas. A. Kelly	John A. Hogue, Jr.
O. A. Bourque	B. F. Menefee	Jos. Gill
H. B. Erdhaus	E. C. Snaveley	C. E. Aldenderfer
Wm. E. Shahan	Gideon W. Brown	Arthur J. Booker



The following is a list of those who took the examination November 19, 20 and 21, 1907, in St. Louis, Missouri, with the name of colleges that were represented, date of graduation, with numbers that passed and those that failed from each college:

Name of College.	Date.	Grade.	Passed.	Failed.
Northwestern University, Chicago....	1901	77	1	—
Northwestern University, Chicago....	1906	86	1	—
Washington University, St. Louis....	1907	68	—	1
Washington University, St. Louis....	1907	79	1	—
Washington University, St. Louis....	1907	65	—	1
Washington University, St. Louis....	1904	81	1	—
Harvard. . . . .	1903	80	1	—
University of Virginia.....	1907	78	1	—
Tufts' Medical College.....	1906	75	1	—
Barnes Medical College.....		62	—	1
Barnes Medical College.....	1906	75	1	—
Barnes Medical College.....	1907	58	—	1
Barnes Medical College.....	1905	75	1	—
Barnes Medical College.....	1907	75	1	—
Barnes Medical College.....	1907	68	—	1
Barnes Medical College.....	1904	46	—	1
Jefferson Medical College.....	1883	75	1	—
University of Medicine, Kansas City..	1907	75	1	—
St. Louis College of P. & S.....	1907	75	1	—
St. Louis College of P. & S.....	1906	61	—	1
St. Louis College of P. & S.....	1907	75	1	—
Kentucky School of Medicine.....	1907	75	1	—
Kentucky School of Medicine.....	1907	64	—	1
Am. Medical College, St. Louis.....	1905	75	1	—
Am. Medical College, St. Louis.....	1907	75	1	—
Am. Medical College, St. Louis.....	1907	68	—	1
St. Louis University.....	1907	50	—	1
St. Louis University.....	1906	52	—	1
St. Louis University.....	1906	66	—	1
Bennet, Chicago. . . . .	1895	70	—	1
Lincoln Medical College.....	1907	52	—	1
Howard Univ. Med. Dpt., Washington.	1907	79	1	—
College of P. & S., Chicago.....	1902	67	—	1
Gtalia, Italy. . . . .		50	—	1



### RECIPROCITY.

Missouri reciprocates with the following named States:—Indiana, Michigan, Nevada, Maine, Minnesota, Iowa, Colorado, Kentucky, Wisconsin, Wyoming, Georgia, Virginia, Rule No. 1; West Virginia, South Carolina, Rule No. 1; North Dakota, Rule No. 1; Utah, Nebraska, Texas, Rule No. 1; New Hampshire.

Those marked Rule No. 1, indicate reciprocity by examination only; those not so marked have reciprocal relations through diploma or examination, provided the diploma was issued prior to March 12, 1901.

### REPORT OF THE BACTERIOLOGIST.

During the past three months the following laboratory examinations have been made:

Sputum containing tubercle bacilli.....	14
Sputum free from the tubercle bacilli.....	64
Pus for tubercle bacilli.....	5
For diphtheria, showing the Klebs-Loeffler bacilli.....	4
For diphtheria, free from Klebs-Loeffler bacilli.....	12
Blood, Widal test positive.....	8
Blood, Widal test negative.....	4
Water.....	4

115

This shows a steady increase over the preceding report, and would indicate that the physicians throughout the state are gradually taking advantage of the opportunity to have the above work done for them. The response is, however, not so great as would be liked, and the physicians are urged to send specimens for examination.

There is no expense other than that of postage, and the benefit that can be derived from laboratory examinations is frequently of the greatest importance. It must, nevertheless, be remembered that in some cases the laboratory findings must be considered as only a link in the chain. The clinical manifestations may be of more importance than the microscopic, and a proper balancing of the two must be made.

In the sending of the specimens care must be taken to have them properly packed as the postal authorities have certain stringent rules that must be carried out, to insure their safe arrival. The material



to be examined should be placed in a small bottle and then packed in cotton or paper in a strong mailing case. To send sputum containing tubercle in an unprotected glass bottle enclosed in an envelope is not only against all postal regulations, but is an example of criminal negligence. Such a bottle is almost sure to be broken; it will then infect possibly an entire mail bag, and endanger the health of many. As the health of a community is practically under the control of the physicians, they should always be careful to set an example that the laity should follow.

As there is at present no other disease in which the people at large are as greatly interested as tuberculosis, every doctor should do his utmost to spread widely the precautions to be taken to avoid the disease as well as those necessary to the individual who is already infected. At present a person who has tuberculosis has a good chance of recovery, provided that the disease is recognized early and that the proper treatment be carried out. Although in many instances consumption can be recognized physically before the tissues have broken down sufficiently to permit the escape of the bacilli into the sputum, yet a microscopic examination should be made in every suspicious case. It is much better that a dozen examinations should prove negative than that one sputum containing tubercle bacilli should be overlooked.

GUTHRIE McCONNELL,  
State Bacteriologist.  
410 N. Jefferson Ave., St. Louis, Mo.

January 1, 1908.

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### THE VALUE OF VACCINATION. Monthly Bulletin, N. Y.

The Pennsylvania Board of Health puts it succinctly thus: "Smallpox per million of inhabitants, 1905—Vaccination compulsory: Germany, 1.1 cases; Denmark, 0.5 cases; Sweden, 2.1 cases; Norway, 0.6 cases. Voluntary—Belgium, 99.9; Russia, 46.32; Spain, 56.3; Hungary, 134.3." One would suppose that facts like these could be understood by all men, but they appear incomprehensible to the most part of mankind.

Some are inclined to criticise statistics concerning the protective effects of vaccination, and believe that these can be so manipulated



that anything desired can be proven by them.

When there is a death from smallpox, there can be little doubt as to the cause of death, so, if the deaths from smallpox be taken, a charge of manipulating statistics to suit the purpose would rest upon a slender foundation. The number of deaths caused by this disease, taken per million inhabitants, will, therefore, convey a very clear idea as to the rate among a population. London has records reaching as far back as 1629, and Geneva from 1580. In other countries, while the records are not so remote, they are sufficient to give an idea of the prevalence of smallpox before vaccination. In England, before vaccination, the rate was above 3,000 per million; in London it was 4,000 per million. Now the rate is less than 20. In Prussia the rate before vaccination was slightly over 4,000, but on the adoption of vaccination it began to suddenly decline, and continued to do so until the vaccination law of 1874 was enforced, when the cases became fewer and fewer, until now the rate is less than two per million. Sweden had a death rate from smallpox for sixteen years prior to 1800 of 2,049 per million, while the rate from 1802 to 1811 fell to 623. In 1816 compulsory vaccination was enforced, and for the next ten years the rate was 133. From 1890 to 1899, 100 years after the vaccination began to be practiced, the death rate fell from 2,049 to 1.

Compulsory vaccination has been in force in France only since 1902, the rate of smallpox among the army being now four per 100,000, as compared with the experiences of 1870-71. Vaccination was introduced in Austria in 1808, and was optional until 1900, when all school children were required to be vaccinated before entering. Vaccination and re-vaccination are compulsory for the army and navy. Denmark, since 1810, requires all children to be vaccinated before the seventh year. Re-vaccination is compulsory for the soldier and inmates of public institutions. Italy has had compulsory vaccination since 1888. All children are required to be vaccinated within the first six months, and, if this is unsuccessful, to be re-vaccinated before they are a year old. Before the law was in effect the death rate for smallpox was 610 per million; in 1902, 9.7 per million. In Belgium and Holland it is not compulsory, although all public officials and the army are required to be vaccinated. In the latter, while not obligatory, all children must go to school, and no child can attend without being vaccinated. The teachers also must be vaccinated.



India prohibited smallpox inoculation in 1880, and made vaccination compulsory. Similar laws are in effect in Australia, New Zealand and Cape Colony. Vaccination is only optional in Russia, except in the army and the public service. The great majority of the people do not avail themselves of vaccination, so epidemics are not uncommon. In Persia, Siam and China little vaccination is done; therefore, smallpox is epidemic. Japan has enforced compulsory vaccination since 1886, whereby the greater portion of the population has been vaccinated and re-vaccinated. Especially is this true of the populations of large cities and on the seacoast. No provisions are made in any of the cities for smallpox hospitals proper. When a case develops it is usually allowed to remain at home, or taken to a general hospital for treatment. No quarantine measures of any kind are enforced. Notwithstanding this fact, smallpox has never been known to spread from any such cases. The same also may be said with regard to the German Empire, where no precautions are taken, in the strict sense of the word, against the spread of smallpox, the whole reliance being upon vaccination. It has been stated by those who opposed vaccination that the reason why the German Empire was so free from smallpox was the superior facilities for the isolation and treatment of cases, and not vaccination. This was investigated by the local Government Board to ascertain just what methods were employed by the government and municipalities for the prevention of smallpox. Accordingly, an agent was sent to make this investigation. He encountered serious difficulties from the very first. In Berlin he was informed by the Central Health Officer that so far as it was known there were no smallpox cases in Germany. The principal cities of the four chief states of Prussia, Bavaria, Saxony, and Wurtemberg were visited. In ten cities of these states, containing a population of over five million, or one-tenth of the population of the German Empire, he did not find a single case. As a matter of history, he ascertained that there had been 70 cases in 7 years, 1895 to 1901, inclusive; in Cologne, 1 case in 10 years; in Frankfort, 9 cases in 10 years; in Wiesbaden, 12 cases 11 years ago, but none since then; in Mainz, none during 11 years; in Munich, 7 cases in 8 years; in Nuremburg, none for about 11 years; in Dresden, no deaths for the past 10 years; in Leipsic, 8 cases in 8 years, and in Stuttgart none in 6 years.

Vaccination in the United States is not compulsory. It is, how-



ever, made obligatory in many of the states and municipalities, and applies only to school children. Children are debarred from attending school unless they are vaccinated. While vaccination is generally practiced, there are many of the population, particularly in our Southern States, among the negroes, who do not vaccinate. Among these smallpox is not an uncommon occurrence.

The United States Government now requires that all alien immigrants shall be vaccinated before being allowed to land. This has been the means of reducing the danger from this source almost to a minimum, for smallpox has not developed among this class.

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#### **FAILURES TO "TAKE" IN VACCINATION, AND "BAD ARMS."**

From our point of view, the majority, if not all, of the unsuccessful attempts to perform primary vaccinations—and a goodly proportion of the failures to "take" in re-vaccinations—are due to one of the following causes, the former obtaining in the greater number of instances, viz.:

1st. The washing of the arm with alcohol, ether, carbolic acid, bichloride of mercury and the like, all of which tends to inhibit the action of the virus.

2d. The failure to work the virus into the scarification. In many instances it is simply smeared on the surface.

3d. The failure to make the scarification deep enough. This is the exception, however.

4th. A too deep scarification and the consequent oozing of blood, which serves to attenuate the vaccine and prevent its absorption.

5th. The covering of the scarified area before the lymph has been absorbed.

6th. Inactive vaccine which may have been rendered inert by age, heat or light. Here might be noted dried vaccine points which should not be used.

Ordinarily it is not necessary to use antiseptics on the arm. If they should be employed, however, the arm should be carefully rinsed with sterilized or boiled water. Usually it is sufficient to wash the arm well with soap and water and rinse with sterilized or boiled water, and dry it. The writer has followed this mode of procedure



for over thirteen years in public health work, with most excellent results.

The vaccine should be worked thoroughly into the scarified surface, taking care not to draw much blood.

The primary scarification should be neither deep nor wide. Infection is prone to result if the denuded area be too great. The writer finds a scarification one-half inch long and one-sixteenth to one-eighth inch wide, very satisfactory. In the primary scarification the epidermis alone should be removed, exposing the papillae of the cutis vera, without drawing blood. A slight oozing of serum indicates that the cuticle has been sufficiently removed.

The "bad" swollen arms, the high fever, the indurated glands, the suppurating ulcer so commonly occurring, all belong, as aptly stated by Messrs. Parke, Davis & Company "to the old-fashioned methods and means of vaccinating."

"Bad arms" certainly will follow if the area to be vaccinated be not properly cleansed; if the operator's hands are not clean, if the operator's instruments be not aseptic, and if the wound be not properly protected from the shirt, and, incidentally, from the dirty finger nails of the patient.

Dried vaccine points contribute, in no small degree, to the number of "bad arms" that are reported. Glycerinized lymph only should be used. Properly prepared glycerinized vaccine is pure and free from staphylococci, streptococci and other pathogenic organisms which are often found on dried points. Glycerinized vaccine affords protection against smallpox; dried points are uncertain in this regard. The vaccine on dry points often becomes inactive while the pyogenic bacteria, which are usually found remain active. Inoculation with this matter might and often does induce a staphylococcic or streptococcic infection, which, although resembling an ordinary vaccination, is absolutely no protection against smallpox. Cases of smallpox often occur in patients thus "vaccinated."

Although put out by all manufacturers of vaccine, a needle is not a proper instrument for scarifying. It is ordinarily difficult to properly scarify with a needle, and it is impossible to do so if the patient struggles, as is frequently the case. There is nothing better for scarifying than a vaccine point that has been boiled. With a vaccine point, the operator can scarify without drawing blood, and will not present to the child's view a steel instrument which usually







## YOU KISSED ME.\*

Josephine E. Hunt, Claremont, N. H.

You kissed me; my head  
Drooped low on your breast,  
With a feeling of shelter  
And infinite rest;  
While the holy emotion  
My tongue dared not speak,  
Flushed up like a flame  
From my heart to my cheek.  
Your arms held me fast;  
Oh! your arms were so bold;  
Heart beat against heart,  
In their passionate hold.  
Your glances seemed drawing  
My soul through my eyes,  
As the sun draws the mist  
From the sea to the skies,  
And your lips clung to mine.  
Till I prayed in my bliss  
They might never unclasp  
From that rapturous kiss.

You kissed me; my heart,  
And my breath, and my will,  
In delirious joy  
For the moment stood still.  
Life had for me then  
No temptations, no charms;  
No vista of pleasure  
Outside of your arms;  
And were I this instant  
An angel possessed  
Of the glory and peace  
That are given the blest,  
I would fling my white robes  
Unrepiningly down,  
And tear from my forehead  
Its beautiful crown,  
To nestle once more  
In that haven of rest,  
With your lips upon mine  
And my head on your breast.

You kissed me; my soul  
In a bliss so divine,  
Reeled and swooned like a foolish man  
Drunken with wine;  
And I thought 'twere delicious  
To die then, if death  
Would come while my mouth  
Was yet moist with your breath;  
'Twere delicious to die,  
If my heart might grow cold  
While your arms wrapt me round  
In that passionate fold.  
And these are the questions  
I ask day and night;  
Must my life taste but one  
Such exquisite delight?  
Would you care if your breast  
Were my shelter as then?  
And if you were here  
Would you kiss me again?

\*This celebrated poem, written by Miss Hunt, in 1859, was first printed in a newspaper at Doniphan, Kas., by James Redpath.—From Medical Herald.



# BULLETIN

## OF THE

# Missouri State Board of Health

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GUTHRIE McCONNELL, M. D., Bacteriologist, St. Louis

**VOL. VI.**

**AUGUST, 1908.**

**No. 3**



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## **SOME INFORMATION FOR PERSONS DESIRING ADMISSION TO THE MISSOURI STATE SANATORIUM.**

### **Location of Institution.**

The Sanatorium is located at Mount Vernon, Lawrence County, Missouri, near the southwest corner of the State, on the crest of the Ozarks, 1,300 feet above the sea. Mount Vernon is a pretty little village with a population of about 1,200.

### **Railroad Facilities.**

Mount Vernon is situated on a branch of the Frisco. This extends from Aurora to Greenfield, connecting at Aurora with the Frisco from St. Louis and the Missouri Pacific from both Kansas City and St. Louis. The Kansas City branch of the Frisco passes through Greenfield. It is also possible to get from Kansas City to Mount Vernon by way of Springfield and Aurora over the Frisco. The Missouri Pacific has a station two miles from Mount Vernon—Hoberg—from where one can go to Mount Vernon by carriage.

### **Classes of Patients.**

The law provides that there may be received at the Sanatorium two classes of patients, namely—those designated as free or county patients, and those designated as private patients. Preference must be given to the former. All must have been residents of Missouri for at least one year prior to their admission.

### **How to Make Application for Admission as a Free Patient.**

Make a written statement of a form about as follows:

“(Applicant's name) ——— ex parte. To the Honorable County Court of ——— County, Missouri. Comes now the above named ——— representing to the court that he (or she) is, and has been for more than one year, a resident of ——— County, Missouri, and that he (or she) believes himself (or herself) to be suffering from incipient pulmonary tuberculosis, and that he (or she) desires to be admitted as a patient for treatment at the Missouri State Sanatorium, and that he (or she) is not able to pay for his (or her) support and treatment at said Sanatorium, and that he (or she) therefore prays your honorable court to make an order, and send a certified copy of same to said Sanatorium, admitting him (or her) to said Sanatorium as a patient from ——— County, at the expense of ——— County.” Make an affidavit to this statement and send to the clerk of the county court. It is also well to refer the court to some individual of good standing who is acquainted with the applicant and his financial condition.



**How to Make Application for Admission as a Private Patient.**

A simple request, by letter, direct to the Sanatorium authorities for admission as a private patient, suffices as an application.

**How Applications Are Handled.**

Applications are numbered at the Sanatorium in order of their reception, and the applicant is notified to this effect, and if possible he is given some idea as to when his application will be considered. He is also given some instructions about how to live at home—so as to begin to get better. A number of our applicants have begun to get better as soon as instructed. When there is a vacancy at the Sanatorium the person whose name appears at the head of the free patient application list is notified to present himself to an examiner for an examination. If the person is found to be a suitable case for the Sanatorium, he is recommended for admission, and goes to the Sanatorium when ordered. When all persons whose names are found on the free patient application list are all considered, and there are still vacancies at the Sanatorium, the patient whose name heads the private patient application list is next considered.

**Cost of Support and Treatment.**

Each patient costs the county sending him five dollars per week for his support and treatment. The medical examiner's fees and the clothing furnished are paid by the counties. The State supplies the deficit. Each patient is supported at the cost of ten to fifteen dollars per week. Private patients are charged fifty dollars per month. This is practically what the support and treatment of each patient costs. The reason for this seemingly high living rate is two-fold—the diet must be choice, variable and plentiful; upon this depends, in a large measure, the success of the treatment. The best cuts of beef, the highest grade of groceries; and those only, must be used, and in fact, the best of all obtainable foods must be supplied. Tuberculosis patients eat more than do normal people. The using of the best foods in large amounts makes the living expenses very high. It is very important that everything be scrupulously clean, and hence the keeping of the necessary number of attendants is a source of considerable expense. It must also be remembered that a tuberculosis sanatorium is virtually a hospital, on account of the way patients must be handled, and hence an expensive staff of physicians and nurses is essential.

**How Long Are Patients Retained at the Sanatorium?**

This question is difficult to answer. Some patients make rapid recovery and are ready to be discharged in three or four months. Six to eight months is perhaps the time that the average patient is kept.

**What Should a Patient Take to the Sanatorium?**

Each patient should have plenty of loose, washable clothing, and in addition should have a bath robe or kimono, bed room slip-



pers, hair and clothes brushes, rubbers, gaiters, etc. As a rule patients are retained through at least a portion of both cold and warm seasons. It is, therefore, well to have both summer and winter clothing.

#### **Number of Patients Accommodated at the Sanatorium.**

We have thirty-five patients at present, and are planning to take about eighteen more.

#### **Results of Treatment.**

It can be said, we hope, without fear of egotism, that our results have been better than were expected by even the most optimistic supporters of the Sanatorium.

DR. O. H. BROWN.  
Physician-in-Chief.

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### **REPORT OF THE BACTERIOLOGIST.**

The following laboratory examinations have been made during the past three months of April, May and June:

Sputum containing tubercle bacilli.....	39
Sputum free from tubercle bacilli.....	83
Pus for tubercle bacilli.....	1
Milk for tubercle bacilli.....	1
Faeces for tubercle bacilli.....	1
for diptheria, free from Klebs-Loeffler bacilli.....	2
Blood, Widal positive .....	2
Blood, Widal negative .....	2
Water . . . . .	3

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The slow but constant increase of such examinations as the above is very encouraging, but the number of physicians making use of the laboratory forms a very small percentage of those registered in the State. We would like the doctors to get into the habit of sending specimens, the laboratory facilities are placed at their disposal and all that is desired is that they shall be made use of. It is of comparatively little trouble to procure the specimens and in many instances a positive diagnosis can be made.

In the past three months the number of specimens examined was greater than those made in the first six months of 1907. Each quarter shows an increase over the preceding, but it should be a greater one than it now is.

GUTHRIE McCONNELL,

July 1st, 1908.

State Bacteriologist,  
410 N. Jefferson Ave., St. Louis, Mo.



The following is a list of those who took the examination May 4, 5 and 6, 1908, in Kansas City, Missouri, with the names of colleges that were represented, date of graduation, with number that passed and those that failed from each college:

Name of College.	Date.	Grade.	Passed.	Failed
Rush Medical College, Chicago.....	1904	81	1	..
Rush Medical College, Chicago.....	1906	86	1	..
University Nashville, Tenn. ....	1907	75	1	..
University, Nashville, Tenn. ....	1908	76	1	..
Ensworth Medical College, St. Joseph...	1908	78	1	..
Ensworth Medical College, St. Joseph...	1908	75	1	..
Ensworth Medical College, St. Joseph...	1908	76	1	..
Ensworth Medical College, St. Joseph...	1908	75	1	..
Ensworth Medical College, St. Joseph...	1908	69	..	1
Ensworth Medical College, St. Joseph...	1908	78	1	..
Ensworth Medical College, St. Joseph...	1908	67	..	1
Ensworth Medical College, St. Joseph...	1908	75	1	..
Ensworth Medical College, St. Joseph...	1908	77	1	..
University Medical College, Kansas City.	1908	84	1	..
University Medical College, Kansas City.	1908	70	..	1
University Medical College, Kansas City.	1908	75	1	..
University Medical College, Kansas City.	1908	76	1	..
University Medical College, Kansas City.	1908	76	1	..
University Medical College, Kansas City.	1908	75	1	..
University Medical College, Kansas City.	1908	75	1	..
University Medical College, Kansas City.	1908	63	..	1
University Medical College, Kansas City.	1908	68	..	1
University Medical College, Kansas City.	1908	75	1	..
University Medical College, Kansas City.	1908	79	1	..
University Medical College, Kansas City.	1908	62	..	1
University Medical College, Kansas City.	1906	75	1	..
University Medical College, Kansas City.	1908	64	..	1
University Medical College, Kansas City.	1908	75	1	..
University Medical College, Kansas City.	1908	75	1	..
University Medical College, Kansas City.	1908	80	1	..
University Medical College, Kansas City.	1908	77	1	..
University Medical College, Kansas City.	1908	77	1	..
University Medical College, Kansas City.	1908	75	1	..
University Medical College, Kansas City.	1908	76	1	..
University Medical College, Kansas City.	1908	75	1	..
University Medical College, Kansas City.	1908	75	1	..
Washington University, St. Louis .....	1907	75	1	..
Washington University, St. Louis .....	1907	75	1	..
Physicians and Surgeons, St. Louis.....	1908	78	1	..
Physicians and Surgeons, St. Louis.....	1908	68	..	1
Physicians and Surgeons, St. Louis.....	1908	63	..	1
Physicians and Surgeons, St. Louis.....	1908	75	1	..
Physicians and Surgeons, St. Louis.....	1908	75	1	..



Physicians and Surgeons, St. Louis.....	1908	70	..	1
Physicians and Surgeons, St. Louis.....	1908	76	1	..
Physicians and Surgeons, St. Louis.....	1908	76	1	..
University of Kansas .....	1908	79	1	..
University of Kansas .....	1908	76	1	..
University of Kansas .....	1908	75	1	..
University of Kansas .....	1908	80	1	..
University of Kansas .....	1908	80	1	..
University of Kansas .....	1908	81	1	..
University of Kansas .....	1908	79	1	..
University of Kansas .....	1907	75	1	..
University of Toronto .....	1908	82	1	..
Barnes Medical College, St. Louis.....	1905	85	1	..
Tufts Medical College .....	1907	72	1	..
Baltimore Medical College .....	1907	78	1	..
Meharry Med. College, Nashville, Tenn..	1906	60	..	1
Meharry Med. College, Nashville, Tenn..	1907	65	..	1
Homeopathic Medical College, St. Louis	1908	77	1	..
Homeopathic Medical College, St. Louis	1908	69	..	1
Howard Medical College .....	1906	75	1	..
Northwestern University Medical College	1907	85	1	..
Physicians and Surgeons, Chicago.....	1902	69	..	1
Kansas City Hahnemann .....	1908	70	..	1
Kansas City Hahnemann .....	1908	78	1	..
Kansas City Hahnemann .....	1908	68	1	..

The following is a list of those who took the examination on June 1, 2 and 3, 1908, in St. Louis, Missouri, with the names of colleges that were represented, date of graduation, with number that passed and those that failed from each college:

Name of College.	Date.	Grade.	Passed.	Failed.
St. Louis University .....	1908	75	1	..
St. Louis University .....	1908	81	1	..
St. Louis University .....	1908	75	1	..
St. Louis University .....	1908	76	1	..
St. Louis University .....	1908	81	1	..
St. Louis University .....	1908	76	1	..
St. Louis University .....	1908	78	1	..
St. Louis University .....	1908	78	1	..
St. Louis University .....	1908	79	1	..
St. Louis University .....	1906	58	..	1
St. Louis University .....	1908	76	1	..
St. Louis University .....	1907	53	..	1
St. Louis University .....	1908	80	1	..
St. Louis University .....	1908	77	1	..
St. Louis University .....	1908	79	1	..



Name of College.	Date.	Grade.	Passed.	Failed.
St. Louis University .....	1908	76	1	..
St. Louis University .....	1908	79	1	..
St. Louis University .....	1908	79	1	..
St. Louis University .....	1908	83	1	..
St. Louis University .....	1908	86	1	..
St. Louis University .....	1908	80	1	..
St. Louis University .....	1908	86	1	..
St. Louis University .....	1908	82	1	..
St. Louis University .....	1908	75	1	..
St. Louis University .....	1908	75	1	..
St. Louis University .....	1908	82	1	..
St. Louis University .....	1908	80	1	..
St. Louis University .....	1908	81	1	..
St. Louis University .....	1908	68	..	1
St. Louis University .....	1908	75	1	..
St. Louis University .....	1908	75	1	..
St. Louis University .....	1908	71	..	1
St. Louis University .....	1908	69	..	1
St. Louis University .....	1908	60	..	1
St. Louis University .....	1908	72	..	1
St. Louis University .....	1908	75	1	..
Missouri University, Columbia .....	1908	77	1	..
Missouri University, Columbia .....	1908	77	1	..
Missouri University, Columbia .....	1908	75	1	..
Missouri University, Columbia .....	1908	81	1	..
Missouri University, Columbia .....	1908	78	1	..
Missouri University, Columbia .....	1908	76	1	..
Missouri University, Columbia .....	1908	77	1	..
Missouri University, Columbia .....	1908	84	1	..
Washington University, St. Louis.....	1908	76	1	..
Washington University, St. Louis.....	1908	78	1	..
Washington University, St. Louis.....	1908	79	1	..
Washington University, St. Louis.....	1908	79	1	..
Washington University, St. Louis .....	1908	80	1	..
Washington University, St. Louis.....	1908	71	..	1
Washington University, St. Louis.....	1908	77	1	..
Washington University, St. Louis.....	1908	70	..	1
Washington University, St. Louis.....	1908	75	1	..
Washington University, St. Louis.....	1908	61	..	1
Washington University, St. Louis.....	1908	81	1	..
Washington University, St. Louis.....	1908	79	1	..
Washington University, St. Louis.....	1908	78	1	..
Washington University, St. Louis.....	1908	78	1	..
Washington University, St. Louis.....	1908	83	1	..
Washington University, St. Louis.....	1908	75	1	..
Washington University, St. Louis.....	1908	75	1	..
Washington University, St. Louis.....	1908	79	1	..



Name of College.	Date.	Grade.	Passed.	Failed.
Washington University, St. Louis.....	1908	76	1	..
Washington University, St. Louis.....	1908	77	1	..
Washington University, St. Louis.....	1908	78	1	..
Washington University, St. Louis.....	1908	83	1	..
Washington University, St. Louis.....	1908	79	1	..
Washington University, St. Louis.....	1908	81	1	..
Washington University, St. Louis.....	1908	82	1	..
Washington University, St. Louis.....	1908	80	1	..
Washington University, St. Louis.....	1908	77	1	..
Washington University, St. Louis.....	1908	75	1	..
Washington University, St. Louis.....	1908	78	1	..
Washington University, St. Louis.....	1908	87	1	..
Washington University, St. Louis.....	1908	81	1	..
Washington University, St. Louis.....	1908	76	1	..
Washington University, St. Louis.....	1908	76	1	..
Washington University, St. Louis.....	1908	78	1	..
Washington University, St. Louis.....	1908	77	1	..
Washington University, St. Louis.....	1908	75	1	..
Washington University, St. Louis.....	1908	81	1	..
Washington University, St. Louis.....	1908	75	1	..
Washington University, St. Louis.....	1908	70	..	1
Washington University, St. Louis.....	1908	79	1	..
Washington University, St. Louis.....	1908	75	1	..
Washington University, St. Louis.....	1908	80	1	..
Physicians and Surgeons, St. Louis.....	1908	60	..	1
Physicians and Surgeons, St. Louis.....	1908	78	1	..
Physicians and Surgeons, St. Louis.....	1908	75	1	..
Physicians and Surgeons, St. Louis.....	1908	69	..	1
Physicians and Surgeons, St. Louis.....	1908	67	..	1
Physicians and Surgeons, St. Louis.....	1908	75	1	..
American Medical College .....	1907	80	1	..
American Medical College .....	1908	77	1	..
American Medical College .....	1908	84	1	..
American Medical College .....	1908	76	1	..
American Medical College .....	1908	78	1	..
American Medical College .....	1908	76	1	..
American Medical College .....	1906	60	..	1
American Medical College .....	1906	78	1	..
American Medical College .....	1908	69	..	1
Physicians and Surgeons, Chicago, Ill....	1902	75	1	..
Barnes Medical College .....	1904	75	1	..
Barnes Medical College .....	1906	37	..	1
Barnes Medical College .....	1907	71	..	1
Barnes Medical College .....	1907	71	..	1
Meharry Medical College .....	1904	59	..	1
Meharry Medical College .....	1908	69	..	1
Meharry Medical College .....	1908	79	1	..



Name of College.	Date.	Grade.	Passed.	Failed.
Meharry Medical College .....	1908	68	..	1
Meharry Medical College .....	1908	62	..	1
Meharry Medical College .....	1907	51	..	1
Ensworth Medical College .....	1908	65	..	1
Ensworth Medical College .....	1908	63	..	1
Ensworth Medical College .....	1908	59	..	1
Homeopathic Medical College .....	1908	66	..	1
Homeopathic Medical College .....	1908	75	1	..
Homeopathic Medical College .....	1908	76	1	..
Homeopathic Medical College .....	1908	68	..	1
Hahnemann, Philadelphia, Pa. ....	1908	80	1	..
Hahnemann, Kansas City, Mo. ....	1908	76	1	..
Hahnemann, Kansas City, Mo. ....	1908	68	..	1
Rush Medical College .....	1907	85	1	..
University Medical College, Kansas City.	1908	77	1	..
University Medical College, Kansas City.	1908	77	1	..
University Medical College, Kansas City.	1908	78	1	..
University Medical College, Kansas City.	1908	76	1	..
University Medical College, Kansas City.	1908	60	..	1
University Medical College, Kansas City.	1908	75	1	..
University Medical College, Kansas City.	1908	70	..	1
University Medical College, Kansas City.	1908	67	..	1
Lincoln Medical College .....	1907	50	..	1
Maryland Medical College .....	1908	65	..	1
Kansas Medical College .....	1908	76	1	..
John A. Creighton Medical College.....	1908	67	..	1
National, Washington, D. C. ....	1895	77	1	..
Nashville University .....	1908	76	1	..
Vanderbilt University, Tennessee .....	1908	79	1	..
Howard Medical College .....	1907	80	1	..
Hahnemann Medical College, Chicago...	1907	75	1	..

Physicians licensed upon examination by Board in Kansas City,  
May 4, 5 and 6, 1908:

Chas. M. Adkins,  
J. E. Baird,  
Frederick C. Barker,  
Nathan Boggs,  
John R. Bruce,  
Hiram J. Clark,  
Henry F. Crandall,  
Roy Cross,  
Hugh G. Dallas,  
Frederic E. Diemer,  
Carlos C. English,

Millard J. Marks,  
Wm. B. Miller,  
J. Leroy Mudd,  
John R. Newton,  
Arthur B. Oechsli,  
Stanley Paulin,  
John A. Powers,  
Henry M. Reeder,  
Robt. C. Robertson,  
Karl D. Sanders,  
E. A. Schweninger,



A. W. Everly,  
A. M. Garton,  
Marie A. Greene,  
Jos. A. Hensler,  
John K. Harvey,  
John G. Hayden,  
Wm. C. Heaston,  
John Hynds,  
Ralph E. Jenkins,  
Walter S. Johnston,  
Albert E. Jones,  
C. Lester Lentz,  
John H. Lucas,  
Jim W. McAdow,  
Burton Maltby,

Jesse W. Shaw,  
J. W. Shropshire,  
W. T. Singleton, Jr.,  
Orville Jos. Sloan,  
Wilbur C. Smith,  
John P. Stein,  
Geo. R. Stevenson,  
Rolland A. Stewart,  
J. T. Swanson,  
Pauline A. G. Thompson,  
Herbert Tuthill,  
Elmer D. Twyman,  
Frank P. Walker,  
John G. Woodin,  
Clarence A. Wright.

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Physicians licensed upon examination by Board in St. Louis,  
June 1, 2 and 3, 1908:

Perry Clifford Archer,  
John K. Achenbach,  
W. T. Abney, Jr.,  
Ward Thos. Burdick,  
Guy Youngs Briggs,  
James Joseph Barry, Jr.,  
Jesse J. Burdick,  
Richard S. Battersby,  
Lake Brewer,  
K. Raymond Barnum,  
Wm. A. Beckemeyer,  
Edmond Bonnot,  
Wm. C. Broadhead,  
O. P. Bourbon,  
Eli Thomas Brand,  
Wm. J. Blackard,  
Morgan L. Clint,  
Roy H. Cutler,  
Lyle M. Daley,  
Delmar R. Duey,  
Geo. W. Davis,  
Geo. W. Duncan,  
Christian H. Diehl,  
Frank L. Davis,  
E. J. E. Evans,  
Albert C. Field,  
Ellis Fischel,  
William Henry Foster,

Isaac B. Kelly, Jr.,  
Frank W. Klocke,  
Clint A. Laffoon,  
Wm. S. Love,  
Howard Lindsay,  
Lewis T. Marsh,  
John R. Montgomery,  
Clarence W. Milligan,  
Ernest W. McCampbell,  
William Day Moore,  
Harry S. Marsh,  
Oliver W. H. Mitchell,  
Martin F. Maguire,  
C. C. McCoy,  
Samuel N. Newton,  
John S. Newlon,  
Moss R. Noland,  
Chas. H. Orr,  
John H. O'Bar,  
A. R. Penniman,  
Harold H. Phipps,  
Claude C. Price,  
Arthur R. Remley,  
G. F. Ruppert,  
Oscar J. Reeder,  
Edward C. Rohrbach,  
Theo. F. Reusch,  
B. N. Robinson, Jr.,



Wm. L. Frazier,  
Roy Lee Gleason,  
Doke Gentle,  
Chas. A. Gundelach,  
Victor M. Gore,  
Clifford W. Gaertner,  
Harry W. Houf,  
Phelps G. Hurford,  
Garfield E. Hertel,  
Eugene P. Hamilton,  
Wm. G. Holdenried,  
A. D. Hobson,  
Bert W. Hardy,  
John Hall,  
Samuel Herskovitz,  
Walter R. Hewitt,  
Herbert R. Hill,  
T. C. Hempelman,  
Perry W. Jennings,  
Jos. M. Jenkins,  
Arthur H. Juengel,  
Melvin C. Kimball,  
Frank O. Kunz,  
Wm. Kerwin,

Harry Rich,  
Chas. B. Roder, Jr.,  
Clyde V. Rich,  
H. L. Reed,  
Jos. S. Summers,  
John St. Avit, Jr.,  
Walter E. Sturgis,  
Harry Sandperl,  
Wm. K. Smith,  
Chas. A. Stone,  
Edward E. Sweeney,  
Jas. P. Simonds,  
J. S. Sheets,  
I. F. Sharp,  
Vivian C. Staats,  
Finis Suggett,  
Randall S. Tilles,  
Leland P. Viley, Jr.,  
Oliver C. Wenger,  
Harvey M. Wall,  
Geo. O. Wilhite,  
Mason F. Woods,  
Wm. G. Wood, Jr.,  
Henry M. Young.

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**Physicians Licensed Through Reciprocity in 1908.**

Name.	State Received From.
A. A. Garret .....	Kentucky
A. C. Leonard .....	Kentucky
Ira Hugh Dillon .....	Nebraska
C. E. Miller .....	Virginia
Abel B. George .....	Iowa
Friend Conner .....	Iowa
Lynne B. Greene .....	Iowa
Mervin T. Sudler .....	Maryland
Carl C. Ottersbach .....	Colorado

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**Physicians Who Have Reciprocated With Other States in 1908.**

Name.	State to Which Moved.
Archibald C. Sheppard .....	Nebraska
Chas. E. Legg .....	Nebraska
Ferdinand Damour .....	Nebraska
T. G. Bracking .....	Nebraska



W. G. Williams .....	Nebraska
C. E. Bennett .....	Nebraska
Jennie Callfas .....	Nebraska
Frank W. Maier .....	Nevada
N. W. Andrews .....	Iowa
Luther O. Nye .....	Iowa
Wm. B. Miller .....	Iowa
John Jay Russell .....	Texas
R. W. Stouffer .....	Texas
Garnett Jones .....	Texas
Walter M. Jones .....	Texas
Thos. D. Woodson .....	Texas
Wilbur F. Ament .....	Wyoming
A. B. Morris .....	Georgia
John R. Bruce .....	Minnesota
Chas. W. Simison .....	Minnesota
Jas. R. Clemens .....	Michigan
H. E. Thompson .....	Indiana

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### TUBERCULOSIS.

In this number of the Bulletin we publish a splendid article written by Dr. O. H. Brown, physician-in-chief of the Missouri State Sanatorium for Incipient Tuberculosis, located at Mt. Vernon, Missouri. This splendid article should be read and kept in mind by the physicians of this State, that they may give their patients the benefit of this institution, as it has been demonstrated beyond all doubt that the best results in the treatment of pulmonary tuberculosis have been obtained in sanatoria. The surroundings and the carefully regulated routine make it so. But in as much as there are thousands of people afflicted with incipient tuberculosis who, from various causes, cannot receive the benefits of an institution of this kind by being a patient under the direct supervision of the institution, yet the rules and regulations and routine which have proven to be so beneficial in these institutions should be emphasized in a way that physicians throughout our State may at least give their patients the benefit of the most modern approved management of these cases. I wish, therefore, to emphasize the good advice set forth in Dr. Brown's article by giving to the readers of the Bulletin the treatment as it is outlined by Dr. R. L. Kennedy, Medical Superintendent of Michigan Tuberculosis Sanatorium, which is taken from his article published in April-June "Public Health," Michigan.

The treatment, briefly summed up, consists of regulated rest or exercise as indicated by the condition of the patient, an abundance of nourishing food and the maximum amount of fresh air in twenty-four hours, combined with simple medication for symptoms as they arise. A very important feature of sanatorium treatment is the constant med-



ical supervision. The following are some rules and suggestions which show in a general way the nature of the treatment and instructions given.

### **Rules and Suggestions.**

#### **Exercise.**

None if feverish.  
None if blood in sputum.  
None if losing weight.  
None if pulse is fast.  
None if short of breath.

Regular, systematic and gentle exercise, rain or shine, for not more than one-half hour twice daily, is permissible, if none of the above symptoms are present; always bearing in mind:

Never to get out of breath.  
Never to lift heavy weights.  
Never get tired.  
Never run.  
Go slow about everything.

Three full, well-balanced meals daily.

Meat at each meal, beef, mutton and bacon preferred.

Eggs, 2-6 and 6-8 glasses daily, if losing weight and the digestion permits.

The digestive powers are usually far greater than the appetite indicates. Food should be taken as a duty, even when there is no desire to eat, but care must be exercised not to overcrowd the stomach. No alcohol.

#### **Outdoor Life—Day.**

Remain out of doors, rain or shine, winter or summer, from 8 to 10 hours. Accomplish this by gradual exposure. Keep head out of sun on warm days. Avoid draughts and seek the sheltered part of a veranda in stormy weather.

#### **Night.**

Remain in bed from 8 to 10 hours. Sleep out of doors, if possible, and if not, always have windows wide open. Avoid draughts on the head, and too many bed clothes.

#### **Cough and Expectoration.**

Control cough as much as possible. The sputum is the great source of danger and must be destroyed by fire before it dries. Never swallow the sputum under any circumstances, and never spit in a pocket handkerchief. Always expectorate in a sputum box and always hold a piece of cheesecloth before the mouth during the act of sneezing and coughing. Use cheesecloth only once and then burn. These precautions are necessary to protect yourself from reinfection, the danger of which is even greater than that of giving the disease to others.



### **Clothing.**

Always dress warmly and comfortably. Waistbands and corsets must allow free and easy breathing. Chest protectors should never be worn. Never get overheated. Never get chilly. Use wraps. Fur coats and rugs or blankets are necessary for sitting out of doors in winter.

### **Baths.**

Warm bath, followed by cold sponge, at least once a week at bedtime and a cold sponge, at least to the waist, every morning.

Always stop any medicine that upsets the stomach.

The bowels must be kept regular.

Do not be alarmed should you have a hemorrhage; simply go to bed and notify your family physician.

### **A Daily Routine.**

7:30—Awake; a glass of hot water; cold sponge.

8:00—Breakfast.

8:30—Out of doors, sitting or reclining.

10:30—Lunch; milk and eggs.

11:00—Exercise, if permissible.

11:30—Rest until dinner.

1:00—Dinner.

1:30—Out of doors, sitting or reclining.

3:30—Lunch; milk and eggs.

4:00—Exercise, if permissible.

5:00—Rest outdoors, lying down.

5:30—Supper.

6:00—Out, on good nights.

9:00—Lunch and bed.

If appetite is fickle, try taking milk and eggs immediately after meals, instead of at lunch time.

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### **LOCAL ANTI-TUBERCULOSIS SOCIETIES.**

**Herbert Maxon King, M. D., Physician in Chief, Loomis Sanatorium,  
Liberty, Sullivan County, N. Y.**

(Reprinted from the *Journal of the Outdoor Life* for March, 1908, by courtesy of its publishers.)

In the crusade against tuberculosis the problems as they present themselves in the order of their urgency appear as follows:

1st. The care and disposition of the advanced cases of the disease.

2nd. The recognition and treatment of the early cases.

3rd. The prevention of the spread of the disease among the healthy members of the community.

Despite weighty opinions to the contrary, it is doubtful if the utmost efforts will ever succeed in stamping out the disease entirely



while the demands of civilization, from a hygienic point of view, continue as they are today. The tendency of men to dwell in cities, the consequent crowding, insufficient ventilation and sunlight, abnormal stimuli to nervous excitement, vicious social conditions, insanitary occupations and, above all, insufficient, poor and pernicious food all combine to render the soil fertile and to assist the spread of the seed. Nevertheless, much has been accomplished by well-directed, systematic and energetic effort towards the amelioration of suffering, the cure and the prevention of tuberculosis.

The first condition to success in any campaign is organization—an intelligent co-operation and sympathy between the relief corps and the persons to be relieved.

During the past five years anti-tuberculosis societies have grown up in most of the larger cities of Europe and America. A coalescence of these societies or associations has been brought about so that in great measure a homogeneous whole has resulted and we have a great international association embracing in its membership many, if not all, of the greatest scientific and philanthropic men and women of the civilized world. Each newly formed organization is privileged to become an integral part of this association, to share in its literature of propoganda and in its meetings, and doubtless in this concert of purpose and action lies the most potent germ of successful achievement for the future. The actual performance of effective labor, however, must come from the local leagues or societies—here occurs the contact with the disease itself, the hand to hand struggles with the vital problems. The local societies, while privileged to enjoy the moral support of the larger body, cannot rest there, or nothing but organizations will ever be accomplished. In every community the real problems will have to be worked out separately and, for all practical purposes, alone. Each community will present unique difficulties and just as surely each community will present unique means of solving them.

The first work of any newly formed organization should consist in arousing a real and lively interest in the subject on the part of the community as a whole. In the effort to awaken this necessary interest, care must be exercised to present actual facts without undue exaggeration of the dangers of infection on the one hand, and yet with emphasis upon the vital necessity of intelligent, preventative measures on the other. In many communities the interest of the medical profession itself in the problems of tuberculosis is not what it should be and what it must needs be if an effective campaign is to be prosecuted. Where such a condition exists the first work of the local society must be directed towards awakening a keen interest in just this quarter. Where tuberculosis is very prevalent such missionary work is not at all likely to be required, but it is highly probable that even in sparsely settled districts the incidence of tuberculosis is more common and generally distributed than might be supposed, and it is in such communities, where the daily routine of the medical practitioner is arduous and time consuming, that he is most likely, in the



exigencies of his many calls to slight the important work of detecting early tuberculosis and of assuming the somewhat thankless task of instituting rigid measures against its spread. Once the interest of the medical profession in any community is thoroughly aroused the education of the laity along the required lines almost necessarily follows. The work of a local anti-tuberculosis society, however, cannot be done at random or without a well conceived plan in which all may take part without the waste of time or scattering of energy. Formulated rules for the operation of any such society cannot be laid down in any detail by foreign authorities, however great their experience, for as I have before intimated, each community, presenting as it does unique problems, will be forced to meet these problems by methods which can originate only among those who are familiar with the local condition. Let us, however, briefly consider the three great phases of the subject in a general way and as they may apply to any community.

First. The care and disposition of advanced cases of the disease. That such cases if left to themselves may be one of the most fertile means of spreading the disease scarcely needs an argument. While the patient is still ambulant his careless and promiscuous expectoration, not only in and about his own premises but in the shops and meeting places which he frequents, spread broadcast the seeds which only require opportunity and suitable soil for developing the disease in others. Later on, when he becomes bedridden, the danger zone is narrowed to be sure, but the concentration of infectious material is, on the other hand, greater and correspondingly an increased source of danger to all who come within it. What can be done to minimize the danger of infection from such a source, both to the patient himself and to others, and at the same time to ameliorate his sufferings and perhaps prolong his life and, as not infrequently happens, even to restore him as a perfectly harmless member to the ranks of bread winners? To answer such a question, as it applies to any specific community, implies an inquiry into the facilities at hand in such a community for the care and treatment of such cases. In the vast majority of instances the doors of the general hospital are closed against this class of invalids. The hospitals for contagious diseases are neither prepared nor equipped to admit him. For the time being he must either be treated in his own home or, what is unfortunately a too common practice, sent to some distant climatic resort where, without home, friends or sufficient money, he drags out a miserable existence to the end. It goes without saying that the well-to-do consumptive will, to a great extent, work out his own problem, which is rendered the more simple and easy of solution if his physician happens to be one who is familiar with the disease and interested in its cure.



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*OF THE*

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### CONVICTED AND FINED.

Dr. H. M. Blumenthal, a traveling eye specialist, who has been fitting glasses and treating the eyes, was, on the 13th inst., fined \$100.00 for violating the statutes governing the practice of medicine without a license.

The case was heard before Judge Thurman, of Nevada, Mo. Other cases against him will be pushed, as Dr. Churchell, of Nevada, writes me that the Medical Society in Nevada is determined to break up the illegal practice of medicine at that place.

I notice that Dr. Blumenthal has also been fined \$50.00 before Squire McVeigh's court in Gallatin, Mo.

Dr. M. A. Smith, secretary of the Daviess County Medical Society, has returned the searchlight on, and with the assistance of his society, they will eliminate illegal practitioners at that place. The same results have been obtained in a number of other counties, and if the Medical Societies throughout the state take this matter up and push it vigorously, every illegal practitioner will have to leave the state, or cease to treat the sick and afflicted and receive pay for the same.

The fine for practicing medicine in Missouri without a license is \$200.00 to \$500.00, or imprisonment in the county jail for one month to one year, or both such fine and imprisonment, and each case constitutes a separate offense, so no illegal practitioner can meet the expense of these trials and pay the fines.

Dr. H. C. Carson of Kansas City, the most noted advertising charlatan in the West, was given the maximum fine of \$500.00 in Judge Porterfield's court, Kansas City, Mo., September 10, 1908. This was a hard fought, long drawn out case, largely on account of the doctor being very wealthy and able to employ a large number of the best legal talent in Kansas City to defend him. The most able part of his defense seemed to be in finding different methods in continuing his case. Carson, through the advice of his attorneys, claimed the right to practice medicine under the statutes of Missouri, having registered in 1880 on diploma issued by the American Health College, Cincinnati, Ohio, a fake institution, started and run by an old faith doctor by the name of John Bunyan Campbell, who preached upon the streets in Cincinnati on Sundays and healed the sick through



the week. Many came to him to be healed, and after a time he established the so-called American Health College, and in 1883 applied for a charter for the same. Those who attended this institution he gave diplomas or certificates, sending them out as converts. Under the law of 1877 compelling all physicians who wished to begin the practice of Medicine in Missouri to file with the county clerk in the county in which he wished to practice his diploma from a reputable medical college.

County clerks throughout the state, as a matter of course, knew nothing of the reputability of colleges throughout our country, and so far as I have been able to ascertain, any kind of a medical diploma was registered by the county clerks, it could hardly be otherwise as they had no way of determining the matter of reputability.

In 1883 the Missouri legislature was able to see that such registration was tending to multiply fake medical colleges and bogus diploma mills, therefore, a law was enacted creating the state board of health, giving it general supervision over the health, sanitary interests of the citizens of the state, and general supervision over the registration of all practitioners of medicine, surgery and mid-wifery in the state.

All physicians who could furnish satisfactory evidence of having received a diploma from a legally chartered medical college in good standing, of whatever school or system of medicine, should receive a certificate to practice medicine upon making application and paying the fee for same. The penalty for violating this act was a fine or imprisonment in the county jail, or both such fine and imprisonment. Those who had been practicing five years in this state were exempt from this fine.

In October, 1883, Carson presented his diploma from the above mentioned American Health College of Cincinnati, for registration, the board refused to issue him a certificate upon this diploma. Carson brought suit against the board, or threatened suit to compel them. The board stood firm and his suit did not materialize. But it seems that Carson kept on plying his trade, so far as I know, unmolested, until a little more than two years ago. After considerable inquiry and investigation, we ascertained the date and true nature of his registration, which was with the county clerk in Jackson county, in 1880, upon a diploma from a fake institution (American Health College, Cincinnati, O.) that was not recognized by any state board of health in the United States



or any existing reputable medical college. That the so-called college was not even chartered by the statutes of Ohio, nor was a charter applied for until 1883, three years after registration of this diploma in Missouri, and as he had not been practicing in the state but three years, he could not claim exemption from fines requiring five years' practice in this state in order that such exemption might hold good, we therefore advised that he be prosecuted for practicing medicine or treating the sick without a license. Then, through the vigorous efforts of the Jackson County Medical Society, aided in various ways by Mr. George Creel, editor of *The Independent*, the case has been pushed to this successful termination.

The profession should feel under lasting obligations to the attorney, Mr. Frank Walsh, who so ably conducted this suit with so little remuneration; for a first-class lawyer seemed to be hard to get at this time, as Carson had so many of them in his employ.

Judge Porterfield, clear-headed, and one of the fairest men on the bench today, deliberated long and carefully upon this case, and I am sure he will not be reversed. Carson should be prosecuted now for every case he has treated and received pay for.

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#### REPORT OF STATE BACTERIOLOGIST.

The following examinations have been made in the laboratory during the past three months:

Sputum containing tubercle bacilli.....	37
Sputum free from tubercle bacilli.....	53
For diphtheria, showing Klebs-Loeffler bacillus.....	1
For diphtheria, free from Klebs-Loeffler bacillus....	2
Blood, Widal test, positive. ....	16
Blood, Widal test, negative. ....	12
Water. . . . .	18

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Total. . . . .139

Instead of the work becoming less during the past three summer months, it has shown an increase. This was hardly expected, but it shows that the facilities offered the physicians of Missouri for the making of certain examinations are being more and more



appreciated. The number of individuals is, however, still not as great as it might be, and it is hoped that more specimens will be sent to the laboratory.

There seems to be some slight misunderstanding at times in regard to the work that comes under the duties of the State Bacteriologist. His office primarily is to make such examinations as will assist physicians in protecting the general health of the community. Consequently there are three subjects that come under his notice. First, is the examination of specimens of sputum from patients suspected of having tuberculosis; second, examinations for the diphtheria bacillus from cases of throat involvement; third, come the examinations of specimens of blood to determine whether or not the typhoid reaction can be obtained.

It is these three that are the important ones so far as the public at large are concerned and the ones which the Board of Health deem of utmost importance.

Other forms of microscopic examinations are not of a general character. If a tumor is malignant or benign it is a matter that is not of special interest to anyone except the patient and the attending physician. The condition is not a contagious one, and does not concern the health of the neighbors. The same holds true practically of blood examinations for malaria. The determining the particular variety of tape worm is also not a subject that is of great importance to the public.

Consequently, for the reasons given above, the only examinations that are made gratuitously are the three already mentioned, for all others a fee is charged.

Occasionally samples of water are sent to the laboratory and under certain conditions these are examined without charge. There is, however, one very important fact to remember, and that is, that the bacillus of typhoid fever cannot be found in water suspected to contain them. Laboratory methods have not as yet reached a sufficient degree of development to render such a thing practicable.

The best that can be done is to examine for the colon bacillus. If this organism is found to be present we then know that the water has in some way become contaminated by faecal matter. This may have come from man or from the lower animals.

If the colon bacillus is present it renders possible the presence of the typhoid organism. Further than that we cannot go.

GUTHRIE McCONNELL,  
State Bacteriologist.

410 North Jefferson Ave., St. Louis, Mo.



### HEALTH REPORT.

The past year has been one of unusual health and prosperity throughout the state; true we have no law for gathering vital statistics, yet the local health officers over the state make complaint when invaded by an epidemic of any kind endangering the lives of citizens.

Under existing statutes it is practically impossible to establish and carry out any respectable system for collecting births and deaths, or even reporting contagious diseases. Incorporated cities and towns may by ordinance compel this to be done, as in St. Louis, Kansas City, St. Joseph, Springfield and some of the smaller places, but the country, small towns and villages have no way to compel such reports, therefore, the State Board of Health is compelled to accept with thanks such reports as may come in voluntarily. At the first of each year the secretary has furnished the local health officers with blanks and return envelopes, stamped, asking for a quarterly report. Out of some eighty-five counties which are organized under our statutes into local boards, only forty have responded, most of these at irregular intervals; some have kept hammering away, sending in at regular intervals their quarterly reports, as complete as it has been possible for them to collect. The following letter shows the difficulties the local officers have:

"Please pardon my delay in sending in the quarterly report. I have been waiting for the Doctors to send in their blanks so that I could make a respectable showing, but regret to say that over half of them entirely ignore me in this matter; although I enclose them a stamped envelope for reply, together with the usual blank.

If I should send you a list of their names, couldn't you write them a letter, explaining the importance of attending to the matter promptly; especially, when it does not cost them anything.

I beg to report as follows for the quarter ending September 1st:

Typhoid, 24 cases, 3 deaths; scarlet fever, 2 cases, no deaths; diphtheria, 2 cases, 2 deaths; cerebro-spinal meningitis, none; small-pox, 21 cases, no deaths; pneumonia, 3 cases, no deaths; tuberculosis, 3 cases, no deaths; measles, 12 cases, no deaths; whooping cough, 31 cases, no deaths.

Please send me some report blanks.

Yours very truly,

S. A. NEWMAN, M. D.,

Cassville, Mo."

We thank you, Doctor, and ask you to continue your effort and keep your hand in, so that under more favorable laws, your work will get easy.



## THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

This paper on the great International Congress on Tuberculosis, which met in Washington, D. C., September 21, to October 12, must necessarily be fragmentary and too brief to convey anything like an accurate description of its scope and of the work done. The congress was divided into three periods of one week each. The first week was set apart to lectures in the cities of Washington, Baltimore, Philadelphia and New York, by men of prominence in the United States and from abroad; and to the placing of exhibits in the great new National Museum building. The second week, that is, from September 28 to October 3, occurred the important work of the congress—the work done in sections, seven in number—sessions of which, in two or more proceedings, were going on all the time. In these section meetings were read all the important papers, and in these the discussions following them took place. The third and last week was mainly given over to the public to view the exhibits for educational purposes.

Of the large number of papers read, several hundred in all, perhaps, it may be said, that there were some that denoted that the writers were theorists without adequate data as facts; there were many of fair excellence and interesting because of the manner of presenting facts already known, and a few very interesting because their authors really had a message of importance to deliver.

The exhibits in all departments were extensive and excellent, and they conveyed much important information to those able to understand them, and, it may be said, that many of them were such as to be easily understood by even the laity. The best showing in these was made by New York, Pennsylvania, Massachusetts, Colorado, the Department of Animal Industry, Washington, D. C., the marine and naval exhibits, the government printing office, etc., New York leading in all practical work done, with the largest percentage of ~~cases~~ *Curra* and of improved sanitary measures established and enforced.

The United States, and New York especially, lead the world in improved methods for the care of consumptives and in sanitary laws governing them. It is to be regretted that owing to lack of organization and the lack of money, Missouri made no show in the Congress along these lines. In 1911, let us hope, that the story may be different.

The benefits that will result to this country from our having been hosts to the International Congress on Tuberculosis will be more



general organization, general publicity, improved enforceable sanitary regulations, the separation of the sick from the well, and the treatment of advanced and incipient cases in hospitals, sanitariums and day and night camps.

ZOPHAR CASE.

Warrensburg, Mo.

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The examinations will be held at the Baltimore Hotel, Kansas City, Mo., on November 23, 24, 25, 1908, beginning at 9 a. m.

The examination of mid-wives will be held at the Baltimore Hotel, Kansas City, Mo., on November 25, 1908, beginning at 9 a. m.

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Dr. Frank J. Lutz, member of the State Board of Health of Missouri, has recently returned from Europe, where he made a three months' tour, visiting the principal medical colleges and hospitals in Germany and England. His visit was a pleasant as well as a profitable one.



MICHIGAN DEPARTMENT OF HEALTH.

(Prepared by Marion A. Spratt.)

There are several reasons why the suppression of tuberculosis is the peculiar concern of every woman in Michigan. More women than men die from tuberculosis in this state; woman's occupation, housework, conspicuously claims more victims than does any other occupation; indeed, it seems plain that woman's daily routine as now conducted in the care of her home places her amidst conditions especially favorable to the contraction of the Great White Plague. Contemplation of the two further related facts: that out of every seven deaths one death is from tuberculosis, and that in Michigan that one death from tuberculosis is more often of the gentler sex, makes the control of this disease a work of personal moment to womankind.

But experience has taught the world that woman is not interested in saving herself. For the salvation of others at the cost of self, do her sympathies, her energies flow. Only hint to her that out of every ten children who will die, one is going to die from tuberculosis, a preventable disease; but tell her that the appearance of tuberculosis in adults in the great majority of cases, if not in all, is but the testimony of infant or childhood infection, that school days are the fruitful season of tubercular infection; only picture to her the vast numbers of helpless victims of this preventable disease—and the greatest thing in the world, mother instinct, flames into defensive activity for the prevention and suppression of tuberculosis, for the righting of a great wrong.

The war on tuberculosis has two points of attack: (1) To cut off the supply of tubercle bacilli which cause the disease; and (2) to prevent the accumulation of susceptible persons. It is first to be remembered and always to be kept in mind that the war is on the disease, and not on the person afflicted with the disease. Every step taken is to check the spread of tuberculosis from one part of the body to another, from one person to another, simultaneously with the increase of chance for relief and cure of the tuberculous person.

The immediate thing to do is to get the confidence, co-operation and control of every person who has tuberculosis. This involves first, the recognition of the disease in a tuberculous subject, and second, getting information of the existence of all cases of tuberculosis. Few cases of tuberculosis are recognized at the start. It is common practice for a physician to be called in only upon severe hemorrhage or some other debilitating and alarming symptom. For months, and perhaps for years, then, the majority of cases of tuberculosis are at large spreading infection broadcast before either subject or public are aware of the condition. But even after the disease is



recognized by the attending physician, it is no easy task to learn that that case exists in the community. While, to be sure, this disease by its very communicable and dangerous nature comes under the general law requiring every case of such diseases to be reported by the attending physician and by the householder to the local health officer, yet the fact has been that popular prejudice, rather than the statute, has dictated public policy, so that neither physicians nor householders always observe the law which aims to have all cases recorded by local health officials and under their supervision. It must be said, however, that as fast as physicians find their clientele dropping this prejudice against being recorded as having tuberculosis, the law will be complied with and all cases of tuberculosis will become known.

The initial step is to talk a great deal about tuberculosis in every community, to familiarize the public of that locality with the possibility of cure if the disease is taken in time, with the salient dangers of tubercular infection, and the need of specific preventive measures to check the spread of the disease. Informal talks before special gatherings, as school children, working men, clerks, business men, mothers, teachers, young women's and young men's associations, making appeal for self-protection and relief and cure of this disease, the preventable and curable malady, will start public sentiment against tuberculosis. Free lectures accompanied by lantern slides, given by some acknowledged authority, are most profitable. Leaflets issued and distributed are a useful method of attack. Nothing, however, tells the story so well as an exhibit. Exhibits may range from the simplest, consisting of pictures, photographs and diagrams; to the most extensive and pretentious, consisting of charts, models, and elaborate details. Perhaps the simplest exhibit that can be devised is to extract from magazines, pictures showing bad conditions as contrasted with pictures showing healthful conditions in the home, in the school, in the street, in the workshop, or in the cow barn. One contrivance which can be readily moved from room to room, in the schools, and from one school to another, is an easel, say six or eight feet by four or five feet, stretched with canvass on which pictures and photographs can be pinned, pasted or hung. Journals affording pictures on this subject are, "The Journal of the Outdoor Life," "Charities and Commons," and "Good Health." These general preliminary steps make subsequent specific plans more readily understood and more surely appreciated by the local public.

Such work should be followed by an attempt to instruct the tuberculous persons of the community, through the family physician, or otherwise, as to the safe and necessary regime in exercise, foods, outdoor life, preventive measures, etc.; and later a class may be formed to whom instruction, and explanation may be given regarding various special features of the antituberculosis movement, as dispensaries, day camps, sanatoria, shacks, sleeping hoods for home use,



porch sleeping rooms, outdoor amusements and diversions and other essentials for the good of the tuberculous person. The support of a trained nurse to visit tuberculous persons in their homes is a progressive, nay, an indispensable, factor in this work against tuberculosis. The nurse makes effective the recommendations which your preliminary educational work has sought to make known. The whole policy works toward the establishment of a dispensary for either village or county, of a day camp for every town and toward the erection of sanatoria here and there throughout the State. To these channels of enlightenment, relief and protection tuberculous persons will easily be induced to go. Every locality should have readily accessible for its tuberculous persons, a dispensary or its equivalent, where sanitary instruction and medical advice may be had free of cost. A day camp is a humane provision made in the city park, in a vacant lot or on an abandoned farm where tuberculous persons of a community may go and spend the entire day in rest, receiving there needed instruction, treatment, nourishment and diversion. Such a camp is supplied with reclining chairs, hammocks, possibly a tent, one nurse or more, and abundance of nourishing food, such as milk, and eggs. Both dispensary and day camp when properly conducted are not only sources of relief, comfort and perhaps cure, for the sick and suffering, but are important centers of education to the entire community. With these specific ends in view, the preliminary policy may be worked out by each locality, by each club, according to the local need. Success is assured if the educational policy is accompanied by practical relief and benefit even to a limited number of tuberculous persons. Every tuberculous person helped is a fighter won, and from a source of dangerous infection to his fellows, becomes a center of education and prevention to all those about him.

Because the effectual eradication of tuberculosis is to depend upon the scrupulous cleanliness of tuberculous persons in the intimacies of home life, and furthermore upon the daily personal hygiene and increased physical resistance of well persons, the home becomes the most important center of intelligent effort against tuberculosis. The efficacy of such effort in the last analysis rests with the homemaker, wife and mother. Every individual woman, therefore, has unmistakable opportunity and responsibility. But every homemaker is not aware of the dangers to tubercular infection. A great problem like this does not immediately enter the minds of every one. Were it so, the cause would therewith be accomplished. Far from being comprehended even by those whom it most concerns, the great need of controlling and eradicating tuberculosis is much less understood by the vast public. Yet it not only concerns those afflicted with it, but is vital to the whole people. The solution of the tuberculosis problem is, therefore, now the mission of the few. There rests a distinct duty upon the organized intelligence of every community, upon the clubs, the churches, medical societies, municipal authorities,



legislative assemblies. A woman's club, composed of the prominent and leading women of a community, the thinkers, the wealthy, those with comparative leisure, those accustomed to responsibility and execution of affairs, those who can plan to give and will give time and strength to the cause, is eminently fitted to undertake this preliminary work of getting hold of the tuberculosis problem; and the woman's club, next to the family physician, may be the most considerable influence for the suppression of this disease, and for the sanitary improvement of homes, school and other civic conditions. Organize the intelligent home-makers for the betterment of the home and those institutions vital to human efficiency and happiness, and it is hard to think of a more formidable and effective agent to better the civic conditions of this State. No field of activity can be mentioned where woman has not her certain interest and influence—one had almost said her control. Business interests are prone to clash with needed reforms, and here the higher aims and deeper insight of influential women organized for a great purpose are needed to win the day.

Although the immediate need is to obtain sanitary control of every tuberculous case, it is no less urgent to prevent susceptibility to tuberculosis, to learn what conditions foster the disease, and what must be done to remedy them. The most important improvements needed are in our school buildings and school regime. The imperceptible beginnings of tuberculosis reach down into the conditions under which one has lived before the disease is contracted. Dr. E. J. McWeeney, Bacteriologist to the Local Government Board for Ireland, says: "Children are a permanent mass of combustible matter which imperatively needs guarding against access of spark or fire brand," namely, tuberculosis microbes. As long as one child out of every ten dies from tuberculosis, as long as the German and French authorities trace its beginnings back to the school days, it certainly appears meet that we take thought of our school buildings and our school system.

Large sums of money are spent yearly on every school in your locality. What is that money spent for? Do you know? Are you personally conversant with the conditions surrounding the school children of your community? Could you do daily hard mental work, year after year, and keep your health under the conditions to which they are subjected? Do you know whether you have entrusted the welfare of your child to a healthy, a wise person? Are the toilet accommodations such that you yourself would wish to be obliged to use them? Is the work suitable and arranged beneficially for the children?

It may not be possible for an individual to judge of the conditions of our schools, or judging wisely, to obtain the necessary corrections. But there is nevertheless a way of obtaining proper supervision of the school child's welfare, and that way is through medical supervision of the public schools. If civic leagues, city parks, boulevards,



manual training and domestic science courses in the schools, and a host of other improvements have been realized through our women's clubs, by their intelligent perception and resolute determination, it does not seem beyond their interest or influence to institute medical supervision of the schools. It is hard to get medical inspection of the schools, it appears difficult to find a system that satisfies the board of education, the medical profession and the parents. But the things that are hard to get, somehow woman is all wise in getting. And the welfare of the children depends upon medical supervision of the schools. Not inspection only of the children to detect early stages of communicable disease, but supervision of their entire school welfare, their habits of study, the sanitary conditions of the schools, the entire physical well-being of the school child.

There is one dangerous source of infection to tuberculosis of vital importance to every citizen in the State, which should be kept under rigid surveillance: the milk supply. Milk is the most staple food that man uses. It is also the favorite food and medium for growth and multiplication of tubercle bacilli. Milk has innumerable chances to be exposed to filth, dust and infection, and is the least guarded against such exposure of any food that we use. It is fed babies whose resistance to disease is nil; it is fed children, the most susceptible of humankind to tuberculosis; the ignorance of the public concerning the quality of the milk used by them is appalling. Probably an assembly of all the mothers in Michigan who know specifically and surely all about their milk supply, whence it comes, how handled, whether clean and safe or dirty and unsafe, could comfortably be accommodated in the parlors of a private home. There is not enough known about the dangers to which milk is exposed to stimulate needful inquiry. It is of vital importance that milk be kept clean from the moment it leaves the udder of the cow till it reaches the stomach of the consumer. This includes clean cows, clean surroundings for cows, clean milkers, clean milk receptacles, pails and cans, clean and careful retailers, clean, dustless milk pans in the home, and finally keeping milk covered and at a low temperature, say 50° F.

We need to know whether the meat offered to the consumer at the retailer's is clean wholesome meat, or unclean meat, we need a more effective inspection of meats from the slaughter house till they are sold to the consumer. Food supplies, such as butter, cheese, vegetables, bread, fruits, etc, are subject to shocking exposure to dirt and disease infection at the retail grocer's, and go direct from the open unscreened stall, bin or counter to the stomach of the consumer. The Wisconsin State Board of Health gives the following timely advice:

"The good housewife should study carefully the fundamental principles of sanitation. In making her rounds, she should see that the meats, vegetables and fruits which she purchases are not only clean in themselves, but are handled by cleanly people. She should go further than this. She should investigate the methods by which



these products are kept and handled. The most dangerous infections may lurk in the apparently nicest cuts of meat, ripest of fruit and freshest of vegetables. These infections may have been brought about by the keeping of these products in unclean and insanitary surroundings before being placed upon the market.

"Fruits and groceries that are allowed to be exhibited upon the sidewalks along a public thoroughfare can never be considered clean, and without the most careful handling are really dangerous to the consumer. The wholesale exhibiting of grocery products on the sidewalks is a dangerous one. Dust, flies, dogs and many other factors lend a hand in making such products unclean and unsafe. There is absolutely no necessity for such an exhibition of eatables, and the sooner the housewife learns to comprehend that articles placed on the street for her easy convenience of inspection are liable to be much more dangerous than the carefully boxed and protected articles within the store, she will soon learn to question the salesman whether any of the articles which she purchases have been exposed to infection."

Ice cream and other refreshments from promiscuous and unknown sources are freely served to our children and the public. Buildings where we assemble to enjoy club work, to reflect upon our moral welfare, to legislate for our civic welfare, for sanitary improvements maybe, are both from construction and management frequent sources of dangerous infection. Poor ventilation betrays the fault of construction; the habit of sweeping public buildings dry, permitting clouds of dust to rise and fill the air, and that futile and dangerous practice of dusting with the feather duster, are faults of ignorant management. The municipality, the leaders and guardians of the welfare of the community, should regulate these matters and prohibit such insanitary practices. Industrial conditions beget home conditions, and the safety and real beauty of a community depends not so much upon its occasional parks, its fine automobile boulevards, its pretentious homes, as upon the sanitary conditions of the factories and shops where inhabitants work, and the houses in which they live, upon proper sewerage, safe water supply, and hygienic living. A high standard of inspection and control of all these factors is essential to the well-being of a community. Neither can one overlook such important matters as sanitary disposal of garbage and waste, disinfection of rented houses, of public lodging houses, of all second-hand goods, of public telephones, etc.

Undoubtedly, the first step a club can take in furtherance of its purpose to support the anti-tuberculosis movement will be to pass a resolution expressing its interest and willingness to co-operate in a concerted movement for civic betterment. But its real work begins when its influential members strive for medical supervision of the public schools, for the passing of ordinances against promiscuous spitting, for the prohibition of insanitary displays of green groceries, for effective meat inspection, for clean milk supply. Many localities



already have ordinances touching some or all of these points; but what is needed is results. Hand in hand with effort to realize these needed reforms, goes the actual work among the tuberculous sufferers of the community, interesting and instructing them in preventive measures and in the hygienic life necessary to their relief and cure, and the establishment of special retreats and hospitals for their care.

Here is a task for the gifted and the favored.



### RECOMPENSE.

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Straight through my heart this fact to-day,  
 By Truth's own hand is driven:  
 God never takes one thing away,  
 But something else is given.

I did not know in earlier years  
 This law of love and kindness;  
 I only mourned through bitter tears  
 My loss, in sorrow's blindness.

But, ever following each regret  
 O'er some departed treasure,  
 My sad, repining heart was met  
 With unexpected pleasure.

I thought it only happened so;  
 But time this truth has taught me—  
 No least thing from my life can go,  
 But something else is brought me.

It is the law, complete, sublime;  
 And now with faith unshaken,  
 In patience I but bide my time  
 When any joy is taken.

No matter if the crushing blow  
 May for the moment down me,  
 Still, back of it, waits love, I know,  
 With some new gift to crown me.

—*Ella Wheeler Wilcox.*